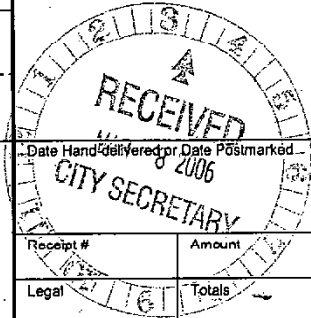


FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1	ACCOUNT #	2	Total Pages filed: <div style="text-align: center; font-size: 1.2em;">6</div>	OFFICE USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI H.
		NICKNAME Bill	LAST White	SUFFIX
4	ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		
5	ORIGINAL PERIOD COVERED	Month 11 / Day 27 / Year 03 THROUGH Month 12 / Day 31 / Year 03		
<div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">  </div> </div>				

6 EXPLANATION OF CORRECTION

See attached

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith



Bill White
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Bill White this the 28th day of February2006 to certify which, witness my hand and seal of office.

Kathy L. Kimich
Signature of officer administering oath

Kathy L. Kimich
Printed name of officer administering oath

Notary
Title of officer administering oath

**Remember to Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

EXPLANATION OF CORRECTION—JANUARY 15, 2004 REPORT

The political expenditures on the attached pages were incurred by individuals who purchased goods or services from their own personal funds for the use of the campaign during this reporting period and were reimbursed by the campaign for those expenses during the July 15, 2004 reporting period. These expenditures were originally reported on Schedule F of the July 15, 2004 campaign finance report. The payee on the expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. The date of the expense originally reported was the date the campaign reimbursed the individual incurring the expense. We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. For expenditures with respect to which our records establish the date on which the individual purchasing goods or services for the campaign incurred the expense, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense.

The reimbursements that the campaign provided to individuals during the July 15, 2004 reporting period for expenses incurred during this reporting period for the benefit of the campaign include reimbursements for \$226.51 in expenses as to which the total amount paid by or for the benefit of the campaign to the payee during the reporting period is less than \$50. Accordingly, Total Expenditures of \$50 or Less increase from \$105.06 to \$331.57.

Because we are supplementing Schedule F of this report to include expenditures that were previously reported as reimbursement expenditures on the July 15, 2004 report, Total Expenditures for this reporting period increase from \$1,117,923.60 to \$1,120,984.73.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/03

5 Payee name

Baker Hughes

7

Amount

(\$)

\$1,114.80

6 Payee address;

City; State; Zip Code

P.O. Box 4740

Houston, TX 77010

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Louise Van Vleck for health insurance

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/05/03

Payee name

Sams Club

Amount

(\$)

\$54.08

Payee address;

City; State; Zip Code

5310 S. Rice Blvd.

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse John Moriniere for supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/01/03

Payee name

Blue Cross Blue Shield

Amount

(\$)

\$221.37

Payee address;

City; State; Zip Code

1020 Bay Area Blvd. #109

Houston, TX 77058

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Young for health insurance

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/30/03

Payee name

Sams Club

Amount

(\$)

\$118.00

Payee address;

City; State; Zip Code

5310 S. Rice Blvd.

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Sharon Haley for drinks for office

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

12/06/03

5 Payee name

Sams Club

7 Amount

(\$)

\$20.93

6 Payee address; City; State; Zip Code

5310 S. Rice Blvd.

Houston, TX 77081

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse John Moriniere for ice and water

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/19/03

Payee name

Fuzzy's Pizza

Amount

(\$)

\$63.16

Payee address; City; State; Zip Code

823 Antoine Dr.

Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse John Moriniere for food

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/16/03

Payee name

Sams Club

Amount

(\$)

\$40.08

Payee address; City; State; Zip Code

5310 S. Rice Blvd.

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Sharon Haley for kitchen items for office

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/17/03

Payee name

Sprint PCS

Amount

(\$)

\$121.73

Payee address; City; State; Zip Code

2001 Edmund Halley Drive

Reston, VA 20191

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christina Cabral for cell phone expense

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/23/03

5 Payee name

Worldwide Operating, Inc.

7

Amount

(\$)

\$200.00

6 Payee address; City; State; Zip Code

16031 East Freeway
Channelview, TX 77530

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Bette John for health insurance

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/10/03

Payee name

Cingular Wireless

Amount

(\$)

\$505.19

Payee address; City; State; Zip Code

P.O. Box 650574
Dallas, TX 75265-0574

Purpose of payment (See instructions regarding type of information required.)

Reimburse Herb Mitchell for cell phone

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/02/03

Payee name

Cunningham, Darlow, Zook & Chapaton

Amount

(\$)

\$200.00

Payee address; City; State; Zip Code

1700 Chase Tower, 600 Travis
Houston, TX 77002

Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for health insurance

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

12/01/03

Payee name

Dominos Pizza

Amount

(\$)

\$51.53

Payee address; City; State; Zip Code

3507 Elgin
Houston, TX 77004

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christine Gorman for volunteer lunch

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/19/03

5 Payee name

T Mobile

7 Amount

(\$)

\$123.75

6 Payee address; City; State; Zip Code

10206 Westheimer

Houston, TX 77042

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Glenn W. Grantham for cell phone

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED